

RECORD OF COMMUNICATION		<input type="checkbox"/> PHONE CALL <input type="checkbox"/> DISCUSSION <input type="checkbox"/> FIELD TRIP <input type="checkbox"/> CONFERENCE <input type="checkbox"/> OTHER (SPECIFY)    Ten Page Form (Record of item checked above)
TO: Dr. Richard Spear	FROM: Frances Barker	DATE 3/13/81 TIME 5:00 PM
SUBJECT INTERSTATE CONCENTRATING COMPANY TDD #02-8008-03		
SUMMARY OF COMMUNICATION		
<p>The enclosed ten page form contains information on Interstate Concentrating Company located in Kearny, N.J. The site is an active brass reprocessing plant with an inactive landfill on site. The plant accepts brass mill skimmings, washes them with recyclable water, and stores the upgraded material in drums. One lagoon holds the recycled plant process water.</p> <p>The inactive landfill on site contains 322,000 pounds of mercury/concrete rubble covered by two feet of fill. Chemical analysis of the material indicated that it was nonhazardous. The mercury content was .018%.</p> <p>A municipal storm water drainage pond is adjacent to the plant lagoon. There is a potential for overflow from either pond to the adjacent pond when inflow is high.</p>		
CONCLUSIONS, ACTION TAKEN OR REQUIRED		
<p>No sampling is recommended at this time.</p>		
INFORMATION COPIES		
TO:		

## SITE INSPECTION REPORT

II 02-8008-03 (13)

**GENERAL INSTRUCTIONS:** Complete Sections I and II through IV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section V). File this form in its entirety in the regional Hazardous Waste Location File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency, Site Tracking System, Hazardous Waste Enforcement Task Force (EN-335), 601 M St., SW, Washington, DC 20460.

<b>I. SITE IDENTIFICATION</b>			
A. SITE NAME INTERSTATE CONCENTRATING CO.	B. STREET (or other identifier) 275 Dukes Street		
C. CITY Kearny	D. STATE NJ	E. ZIP CODE 07032	F. COUNTY NAME Hudson
<b>G. SITE OPERATOR INFORMATION</b>		<b>H. TELEPHONE NUMBER</b>	
1. NAME	2. CITY	3. STATE	4. ZIP CODE
<b>I. REALTY OWNER INFORMATION (if different from operator of site)</b>		<b>J. TELEPHONE NUMBER</b>	
1. NAME	2. CITY	3. STATE	4. ZIP CODE
<b>K. SITE DESCRIPTION</b> Active brass reprocessing plant			
<b>L. TYPE OF OWNERSHIP</b>			
<input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE			
<b>II. TENTATIVE DISPOSITION (complete this section last)</b>			
A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mm, day, & yr.) 3/13/81	B. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE		
<b>C. PREPARED INFORMATION</b>		<b>D. TELEPHONE NUMBER (mm, day, &amp; yr.)</b>	
1. NAME Frances B. Barker	2. TELEPHONE NUMBER (201) 621-6800	3. DATE (mm, day, & yr.) 3/13/81	
<b>III. INSPECTION INFORMATION</b>			
<b>A. PRINCIPAL INSPECTOR INFORMATION</b>			
1. NAME Frances B. Barker	2. TITLE Field Technician	4. TELEPHONE NO. (mm, day, & yr.) (201) 621-6800	
3. ORGANIZATION Fred C. Hart Associates, Inc.			
<b>B. INSPECTION PARTICIPANTS</b>			
1. NAME Mary Manto	2. ORGANIZATION Fred C. Hart Associates, Inc.	3. TELEPHONE NO. (201) 621-6800	
Pete Cangialosi	Fred C. Hart Associates, Inc.	(201) 621-6800	
<b>C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, etc.)</b>			
1. NAME Max Frenkel	2. TITLE & TELEPHONE NO. Environmental Engineer (201) 526-2802	3. ADDRESS 400 North Bridge Street Bridgewater, NJ 08807	
Barry Brown	President (201) 998-7660	275 Dukes Street Kearny, NJ 07032	
Morley Cole	Administrative Assistant (201) 998-7660	275 Dukes Street Kearny, NJ 07032	

## III. INSPECTION INFORMATION (continued)

## D. GENERATOR INFORMATION (name of owner)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Boise Cascade	(201) 364-4527	Main Street Rumford, Maine 04276	Mercury mixed in concrete rubble

## E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED

## F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS

G. DATE OF INSPECTION (Mo., Day, & Yr.) 5/4/81 H. TIME OF INSPECTION 1000 I. ACCESS GAINED BY: (applicable where no access is given to off-site)

1. PERMISSION

2. WARRANT

## J. WEATHER (describe)

Sunny, cool (temp. 32°F)

## IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent: e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
1. GROUNDWATER		No samples taken	
2. SURFACE WATER			
3. WASTE			
4. AIR			
5. RUNOFF			
6. SPILL			
7. SOIL			
8. VEGETATION			
9. OTHER (specify)			

## FIELD MEASUREMENTS TAKEN (e.g., permeability, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
	No measurements taken	

Continued From Page 2

## IV. SAMPLING INFORMATION (continued)

## C. PHOTOS

1. TYPE OF PHOTOS N/A  
 2. GROUND  
 3. AERIAL

## D. SITE MAP/FAC

 YES. SPECIFY LOCATION OF MAPS.

Fred C. Hart Associates, Inc.

## E. COORDINATES

## 1. LATITUDE (deg.-min.-sec.)

40° 45' 05"

## 2. LONGITUDE (deg.-min.-sec.)

74° 08' 05"

## V. SITE INFORMATION

## A. SITE STATUS

1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if intermittently.)  
 reprocessing plant

2. INACTIVE (Those sites which no longer receive wastes.)

Landfill on site

3. OTHER (specify):  
 (Those sites that include such activities like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

## B. IS GENERATOR ON SITE?

 1. NO 2. YES (specify generator's four-digit SIC Code): \_\_\_\_\_

## C. AREA OF SITE (in acres)

4 acres

## D. ARE THERE BUILDINGS ON THE SITE?

 1. NO 2. YES (specify): reprocessing plant

## VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
1. RAIL	X 1. PILE *	1. FILTRATION	X 1. LANDFILL *
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	X 3. DRUMS *	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	X 4. RECYCLING/RECOVERY *	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	X 5. CHEM./PHYS./TREATMENT *	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify): * Within process operations.	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify): * Within processing operations.	* Mercury concrete rubble

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which supplemental Reports you have filled out and attached to this form.

1. STORAGE       2. INCINERATION       3. LANDFILL       4. SURFACE IMPOUNDMENT       5. DEEP WELL
6. CHEM/BIO/ PHYS TREATMENT       7. LANDFARM       8. OPEN DUMP       9. TRANSPORTER       10. RECYCLER/RECLAIMER

## VII. WASTE RELATED INFORMATION

## A. WASTE TYPE

1. LIQUID       2. SOLID       3. SLUDGE       4. GAS

## B. WASTE CHARACTERISTICS

- |  |                                       |  |   |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> 1. CORROSIVE        | <input type="checkbox"/> 2. IGNITABLE | <input type="checkbox"/> 3. RADIACTIVE       | <input type="checkbox"/> 4. HIGHLY VOLATILE |
| <input checked="" type="checkbox"/> 5. TOXIC | <input type="checkbox"/> 6. REACTIVE  | <input checked="" type="checkbox"/> 7. INERT | <input type="checkbox"/> 8. FLAMMABLE       |

7. OTHER (specify):

C. WASTE CATEGORIES  
 1. Are records of wastes available? Specify items such as materials, impurities, etc. below.  
 Yes - Eckardt Report..

VII. WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category. Mark 'X' to indicate which wastes are present.

A. SLUDGE AMOUNT	B. OIL AMOUNT	C. SOLVENTS AMOUNT	D. CHEMICALS AMOUNT	E. SOLIDS AMOUNT	F. OTHER AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
				322,000 lbs.	
(1) PAINT, PIGMENTS	(1) OILY WASTES	(1) HALOGENATED SOLVENTS	(1) ACIDS	(1) FLYASH	(1) LABORATORY PHARMACEUTICAL
(2) METALS SLUDGES	(2) OTHER(specific):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW	(3) OTHER(specific):		(3) CAUSTICS	(3) MILLING/HOME TAILINGS	(3) RADIACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS METAL WASTES	(4) MUNICIPAL
(5) OTHER(specific):			(5) DYES/INKS	(5) NON-FERROUS METAL WASTES	(5) OTHER(specific):
			(6) CYANIDE	(6) OTHER(specific):	
			(7) PHENOLS	Mercury/ concrete rubble	
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER(specific):		

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')		3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	A. SO- LID	B. LID.	C. VAP- POR	D. HIGH	E. MED.	F. LOW			
Mercury	X			X					

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

A. HUMAN HEALTH HAZARDS

N/A

VIII. HAZARD DESCRIPTION (continued)

D. NON-WORKER INJURY/EXPOSURE

N/A

C. WORKER INJURY/EXPOSURE

N/A

D. CONTAMINATION OF WATER SUPPLY

N/A

E. CONTAMINATION OF FOOD CHAIN

N/A

F. CONTAMINATION OF GROUND WATER

N/A

G. CONTAMINATION OF SURFACE WATER

N/A

VIII. HAZARD DESCRIPTION (continued)

H. FIRE OR EXPLOSION

N/A

I. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

One lagoon holds recycled plant process water. This water is used to wash skimmings from brass-producing foundries in order to separate brass from impurities.

J. SEWER, STORM DRAIN PROBLEMS

Municipal storm water drainage collects in a pond adjacent to the north side of the facility. See item "U".

K. EROSION PROBLEMS

N/A

L. INADEQUATE SECURITY

N/A

M. INCOMPATIBLE WASTES

N/A

### VIII. HAZARD DESCRIPTION (continued)

7. MIDNIGHT DUMPING

N/A

8. OTHER (Specify):

The dike between the plant process water lagoon and the municipal storm water drainage pond is low. Water may flow between either pond when inflow is high.

### IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (Specify miles)
1. IN RESIDENTIAL AREAS	0	0	0	1/4 mile
2. IN COMMERCIAL OR INDUSTRIAL AREAS	0	0	50	1/4 mile
3. IN PUBLICLY TRAVELED AREAS	0			
4. PUBLIC USE AREAS (parks, schools, etc.)	0			

### X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (Specify units)	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
Unknown	Unknown	No use
D. POTENTIAL YIELD OF AQUIFER	E. DISTANCE TO DRINKING WATER SUPPLY (Specify units of measure)	F. DIRECTION TO DRINKING WATER SUPPLY
Unknown	N/A	N/A
G. TYPE OF DRINKING WATER SUPPLY		
<input type="checkbox"/> 1. NON-COMMUNITY <18 CONNECTIONS	<input checked="" type="checkbox"/> 2. COMMUNITY (Specify units: >18 CONNECTIONS)	Town of Kearny
<input type="checkbox"/> 3. SURFACE WATER	<input type="checkbox"/> 4. WELL	

## X. WATER AND HYDROLOGICAL DATA (continued)

H. LIST ALL DRINKING WATER WELLS WITHIN A 1/8 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify units)	3. LOCATION (proximity to population/buildings)	4. INHABITED COMMUNITY Mark 'X')	5. COMPLEX AREA Mark 'X')
		None		

## I. RECEIVING WATER

1. NAME

Meadowlands

 2. SEWERS 3. STREAMS/RIVERS 4. LAKES/RESERVOIRS 5. OTHER (specify):

Wetlands

## G. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

Unknown

## XI. SOIL AND VEGETATION DATA

LOCATION OF SITE IS IN:

- A. KNOWN FAULT ZONE       B. KARST ZONE       C. 100 YEAR FLOOD PLAIN       D. WETLAND
- E. A REGULATED FLOODWAY       F. CRITICAL HABITAT       G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

## XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

X	A. COVERBURDEN	<input checked="" type="checkbox"/>	B. BEDROCK (specify below)	<input checked="" type="checkbox"/>	C. OTHER (specify below)
	1. SAND	<input checked="" type="checkbox"/>	Brunswick Formation	<input type="checkbox"/>	<input type="checkbox"/>
	2. CLAY	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	3. GRAVEL	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

## XIII. SOIL PERMEABILITY

- A. UNKNOWN       B. VERY HIGH (.000,000 to 2000 CM/SEC.)       C. HIGH (2000 to 30 CM/SEC.)
- D. MODERATE (.00 to .1 CM/SEC.)       E. LOW (.1 to .001 CM/SEC.)       F. VERY LOW (.001 to .0001 CM/SEC.)

## G. RECHARGE AREA

1. YES       2. NO      3. COMMENTS:

## H. DISCHARGE AREA

1. YES       2. NO      3. COMMENTS:

## I. SLOPE

1. ESTIMATE % OF SLOPE      2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.
- .. Flat

## J. OTHER GEOLOGICAL DATA

**XIV. PERMIT INFORMATION**

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, SISIS, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mm.yyyymm)	E. EXPIRATION DATE (mm.yyyymm)	F. IN COMPLIANCE STATUS ("X")		
					1. YES	2. NO	3. UNKNOWN
N/A							

**XV. PAST REGULATORY OR ENFORCEMENT ACTIONS**

NONE       YES (summarize in this space)

Chemical analysis of the mercury/concrete rubble indicated that the material was nonhazardous. The mercury content was .018%.

**NOTE:** Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.



• INTERIOR GEOLOGICAL SURVEY WASHINGTON D.C. 1972  
NEWARK ILLINOIS N.J. 2016 M. 573

#### ROAD CLASSIFICATION

- |             |   |                 |   |
|-------------|---|-----------------|---|
| Heavy-duty  | — | Light-duty      | — |
| Medium-duty | — | Unimproved dirt | — |

U.S. Route

State Route

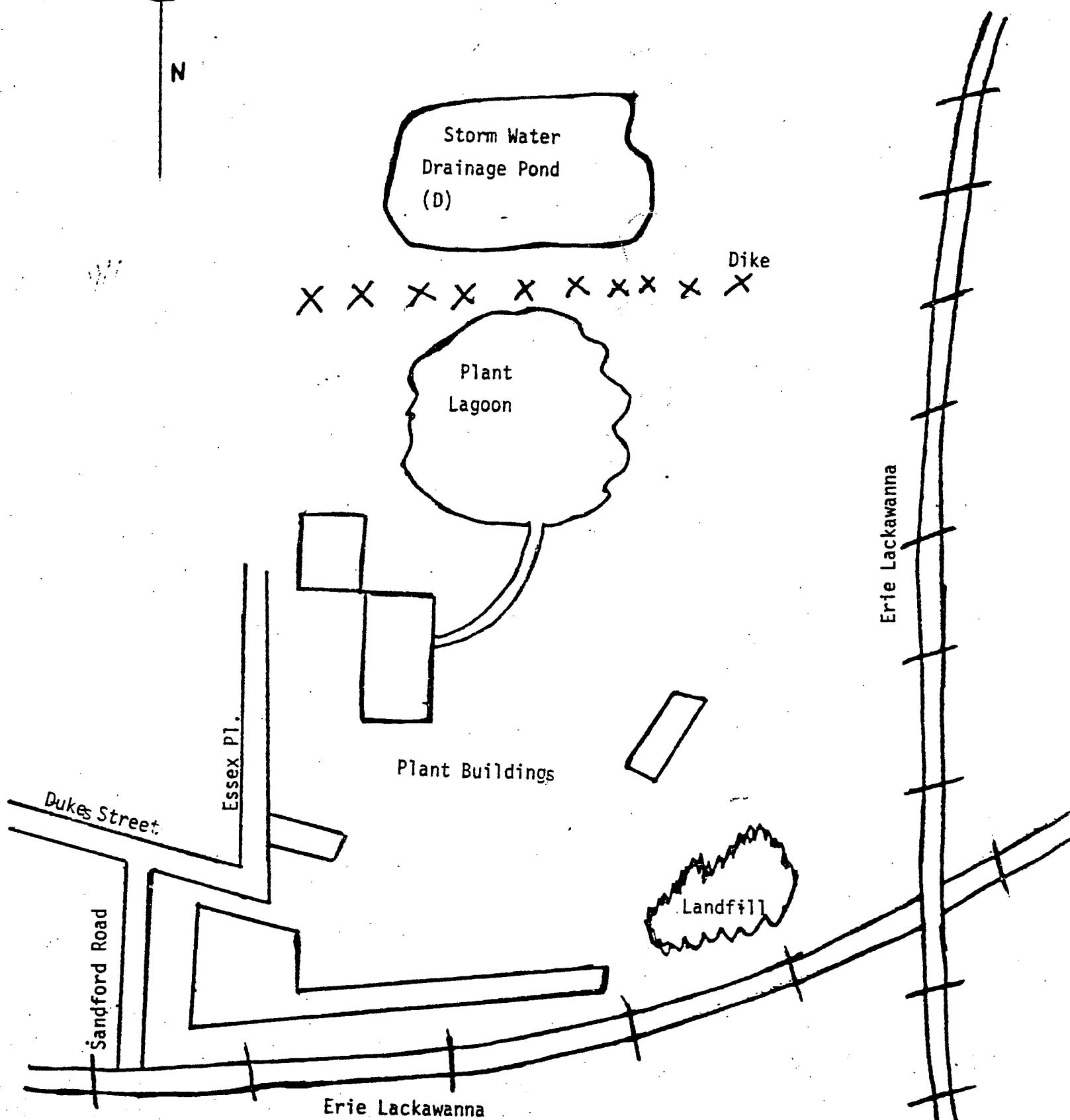
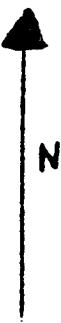


QUADRANGLE LOCATION

ORANGE, N.J.  
N4045 - W7407.5

INTERSTATE CONCENTRATING CO.

Kearny, N.J.



**LANDFILLS SITE INSPECTION REPORT**  
(Segmental Report)

**INSTRUCTION**  
Answer and Explain  
as Necessary.

1. EVIDENCE OF SITE INSTABILITY (Erosion, Soililing, Sink Holes, etc)

YES  NO

2. EVIDENCE OF IMPROPER DISPOSAL OF BULK LIQUIDS, SEMI-SOLIDS AND SLUDGES INTO THE LANDFILL

YES  NO

3. CHECK RECORDS OF CELL LOCATION AND CONTENTS AND BENCHMARK

YES  NO

4. WASTES SURROUNDED BY SORBENT MATERIAL

YES  NO

5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED

YES  NO

6. EVIDENCE OF PONDING OF WATER ON SITE

YES  NO

7. EVIDENCE OF IMPROPER/INADEQUATE DRAINING

YES  NO

8. ADEQUATE LEACHATE COLLECTION SYSTEM (If "Yes", specify Type)

YES  NO

N/A

9. SURFACE LEACHATE SPRING

YES  NO

10. RECORDS OF LEACHATE ANALYSIS

YES  NO

11. GAS MONITORING

YES  NO

12. GROUNDWATER MONITORING WELLS

YES  NO

13. ARTIFICIAL MEMBRANE LINER INSTALLED

YES  NO

14. SPECIFIC CONTAINMENT MEASURES (Clay Bottom, Sides, etc)

YES  NO

15. FIXATION (Stabilization) OF WASTE

YES  NO

16. ADEQUATE CLOSURE OF INACTIVE PORTION OF FACILITY

YES  NO

16a. COVER (Type)

Sand and gravel mixture

16b. THICKNESS

2 feet

16c. PERMEABILITY

Unknown

16d. DAILY APPLICATION

YES  NO

N/A